

# Telepsychiatry

## Effective, Evidence-Based, and at a Tipping Point in Health Care Delivery?



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### KEYWORDS

- Telepsychiatry • Telemedicine • Models • Integrated and stepped care
- Effectiveness

### KEY POINTS

- Telepsychiatry is effective compared with in-person care for adults and many populations, disorders, and settings.
- Telepsychiatry adds versatility to clinical practice and new models of care, if applied judiciously and incrementally.
- Good telepsychiatric care depends on time-tested principles of good patient-doctor engagement, the therapeutic relationship, communication, bio-psycho-socio-cultural treatment, and integrated care.
- Participants in care, particularly patients, feel empowered through technology and inform us of virtual care options for the future.

### INTRODUCTION

Telepsychiatry is at a “tipping point” and, after more than 50 years of slow clinical implementation around the world, is finally being widely introduced. This article helps the reader to (1) learn and be able to apply the evidence base on telepsychiatry to

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clinical practice; (2) adjust or change current systems of care as they implement telepsychiatry (eg, how to use technology, get paid, and adhere to legal issues), and (3) compare telepsychiatric models of care to in-person care for different ages, disorders, and bio-psycho-socio-cultural treatment modalities. The article uses a clinical vignette to illustrate the objectives.

## HOW CAN THE EVIDENCE BASE FOR TELEPSYCHIATRY TO CLINICAL PRACTICE BE APPLIED?

Patient-centered health care confronts us with a question about how to deliver quality, affordable, and timely care in a variety of settings,<sup>1</sup> without stigma and with sensitivity to culture and diversity.<sup>2,3</sup> Technology and empowerment have been linked for some time,<sup>4</sup> and patients have been very satisfied with telemental health (TMH) care. Systems are trying to increase clinical operating efficiency by integrating care and providing care at multiple points of service<sup>5</sup> and use it to leverage interdisciplinary team members' clinical, administrative, and other care coordination expertise.<sup>6</sup> The World Health Organization, too, is surveying telemedicine opportunities and developments in member states.<sup>7</sup>

Evaluation of telepsychiatry TMH has gone through 3 phases.<sup>3</sup> First, TMH was found to be effective in terms of increasing access to care, acceptance, and good educational outcomes.<sup>3</sup> Second, it was noted to be valid and reliable compared with in-person services.<sup>8</sup> In addition to comparison (or as good as) studies, telepsychiatric outcomes are not inferior to in-person care (ie, noninferiority studies).<sup>9</sup> Third, frameworks are being used to approach complex themes like costs and models.<sup>8,10,11</sup>

Most clinicians, administrators, and other leaders want to ensure good care, do it ethically, and be remunerated. Time-tested quality care in psychiatry is mostly attributed to the patient-doctor engagement, the therapeutic relationship, shared decision-making, the role of stories and narratives, and biopsychosocial treatment.<sup>12</sup> As for technology as an innovation, folks accept "innovation represents a potential efficacy in solving a perceived need or problem."<sup>13</sup> Systems of care and their leaders are moving fast now with traditional video/synchronous telepsychiatry (STP), novel (eg, asynchronous or asynchronous telepsychiatry [ATP], social media), and emerging (eg, Web- and mobile/wireless-based) models.

### CLINICAL VIGNETTE

#### Identification Info

*A 14-year-old Latino American boy was struggling in school, in social situations, and at home. Parents attributed this to "ADD." He had a 9-year-old sister, a 7-year-old brother, and a 3-year-old brother. They lived in small rural community of 12,000 with a small K-12 school, one private and one public health clinic juxtaposed, and one adult mental health (MH) therapist (social worker for adults).*

#### History of Present Illness and Referral

*The boy was born in Mexico, and his father and mother immigrated 10 and 6 years earlier, respectively. A public health nurse with 25 years of experience supported the physician ordering the consultation, because the pediatrician was not sure how to proceed. "It seems like attention deficit hyperactivity disorder (ADHD), but I am not sure as there may be some depression, too," according to the brief consultation request faxed to the academic center 100 miles away. The concerning events had been focused in these 2 areas: (1) inattention, poor follow-up on homework, being seen as "hyperactive" in class, and (2) "moody," "angry," and making comments like "I might as well be dead."*

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